

NEVADA BUSINESS REGISTRATION FORM INSTRUCTIONS

Completion of this form will provide the common information needed and/or required by participating state and local government agencies. Important details are included to help you provide the necessary information. It is important to respond to all items. Any omission could cause a delay in processing your registration.

WHO ACCEPTS THIS FORM? The Nevada Department of Taxation and the Nevada Employment Security Division (ESD). Also, most local governments accept the form.

WHAT OTHER INFORMATION MUST I PROVIDE? When applying to **Department of Taxation:** All businesses must complete a Supplemental Application (APP-01.01) to determine correct fees. When applying to **Employment Security Division:** If you employ agricultural or domestic workers, or are a non-profit agency you must complete a Supplemental Registration (NUCS-4058).

WHO MAY USE THIS FORM? Any person or corporation who is: opening a new business; opening additional locations; changing locations; changing owners, corporate officers or members; or changing a mailing address.

WHERE IS THIS FORM AVAILABLE? This form is available at the participating state and local agencies or by visiting the agency websites listed below. Forms may also be available at Chambers of Commerce and state and local economic development agencies.

LINE-BY-LINE INSTRUCTIONS FOR COMPLETING THE NEVADA BUSINESS REGISTRATION - PLEASE COMPLETE IN ENGLISH.

- 1. I Am Applying For:** Check the boxes that apply. Nevada has no central database for business registration. You are required to submit a copy to each agency that is applicable to your business. Keep a copy for your records.
- 2. Check All Box(es) That Apply.**
- 3. Business Entity Type:** Indicate the structure and type of ownership of your business.
- 4. Corporate/Entity Name:** If incorporated, enter the name as registered with the Secretary of State. Include a telephone number.
- 5. Federal Tax Identification Number:** Enter your Federal Tax Identification Number (FEIN). For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-1040. If you have applied for your number and have not received it, write "PENDING." If your FEIN changes, you must complete a new Nevada Business Registration.
- 6. Corporate/Entity Address:** Enter the complete address of the corporation and the state of incorporation.
- 7. Nevada Name (DBA):** Enter the name as it will be known to the public. Include a business telephone and fax number.
- 8. E-mail Address and Website Address:** Enter your business e-mail and website addresses if appropriate.
- 9. Mailing Address:** This address will be used to mail any licenses, reports, tax returns, and correspondence.
- 10. Location(s) of Nevada Business Operations:** Enter the complete location of the business including suite numbers, apartment numbers, and street direction (N, S, E, and W). If there are additional locations in Nevada, please attach a list of all locations.
- 11. Location of Business Records:** Enter the complete address where business records are maintained during normal working hours. Include the telephone number of this location, if different from the business telephone number.
- 12. List All Owners, Partners, Corporate Officers, Managers, Members, etc.:** Include the full name, home address (street, city, state, and zip code), Social Security number, date of birth, title, percentage of business owned, and telephone number. If the business is incorporated, list all corporate officers. If the business is a partnership, list all partners. If the business is comprised of two corporations or other entities, list the officers/members/partners, etc. for each entity. Attach additional sheets if needed.
- 13. Dates and Amounts Regarding Your Nevada Business:** Enter the date the business started or will start Nevada operations. If adding a location enter the date your additional location will begin Nevada operations. Enter the date the first worker was hired in Nevada. Enter the date and amount of the first Nevada payroll. If this is a new business, enter the estimated number of employees you will have. If the business is currently operating, list the number of employees on the payroll.
- 14. Please Check All That Apply to Your Business:** If you check the box marked "Regulated by Federal/State Permit Number," attach a list that identifies the issuing entity and permit number.
- 15. Nature of Your Business:** Describe your business activities, goods, products, or services in Nevada. State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.
- 16. Acquired, Changed, or Have a New Federal Tax Number:** On the first line, enter the date the business was acquired; check the boxes that apply to how the business was acquired; and the portion of the business you acquired. On the second line, list the name of the previous owner and the business name of the previous owner. On the third line, indicate the physical address of the business you acquired. On the fourth line, list your previous Nevada Sales/Use Tax Permit Number and the Employment Security Division (ESD) Account Number of the previous owner. If there is more than one previous owner, attach an additional sheet.
- 17. Signature Instructions:** **Make copies first and then sign each copy. Original signatures are required by each state and local agency. Legal signatures include: sole proprietor-owner, corporate officer, and managing member.**

Toll Free (In State) for All State of Nevada Agencies..... 800-992-0900

Nevada Department of Taxation:

Website: www.tax.state.nv.us

Las Vegas.....	555 E. Washington Avenue, Suite 1300 • Las Vegas, Nevada 89101.....	(702) 486-2300
Reno.....	4600 Kietzke Lane, Building L, Suite 235 • Reno, Nevada 89502.....	(775) 688-1295
Carson City.....	1550 E. College Parkway, Suite 115 • Carson City, Nevada 89706.....	(775) 684-2000

Nevada Employment Security Division (ESD):

Website: www.nvdetr.org

Las Vegas.....		(702) 486-0250
Reno.....		(775) 688-2663
Statewide (Mailing).....	500 E. Third Street • Carson City, Nevada 89713-0030.....	(775) 687-4545

If your business has or may have a discharge to the environment or needs a water appropriation permit, the following telephone numbers should be used for information concerning exemptions and to acquire applications:

Nevada Department of Conservation and Natural Resources: Website: www.dcnr.nv.gov

Environmental Protection Division	(775) 687-4670
Water Resources Division (Water Appropriation)	(775) 687-4380

Nevada Department of Wildlife: (Industrial Artificial Pond Permit) **Website: www.ndow.org** (775) 688-1500

Local Business License Departments: To obtain the telephone numbers for local license departments check the white pages of the telephone directory under the government name, i.e., Clark County, Reno.

NEVADA BUSINESS REGISTRATION

Important details are included in the instructions. Please type or print in black ink. Each agency may request additional information depending on your type of business. Completing this form does not relieve you of any statutory or regulatory requirements relating to your business.

1	I Am Applying For:	<input type="checkbox"/> Unemployment Insurance <small>(Employment Security Division - ESD)</small>	<input type="checkbox"/> State Business License, Sales/Use Tax Permit, Modified Business Tax <small>(Department of Taxation)</small>	<input type="checkbox"/> Local Business License	SEND A COPY TO EACH AGENCY
2	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership/ Business Entity	<input type="checkbox"/> Change in Location	<input type="checkbox"/> Change in Name	<input type="checkbox"/> Change in Corporate Officers
		<input type="checkbox"/> Change in Mailing Address	<input type="checkbox"/> Other		
3	Business Entity Type:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> S Corp.	<input type="checkbox"/> Publicly Traded Corp.	<input type="checkbox"/> Privately Held Corp.
		<input type="checkbox"/> Association	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company
		<input type="checkbox"/> Government Entity	<input type="checkbox"/> Other		
4	Corporate/Entity Name:			Corporate/Entity Telephone ()	5
6	Corporate/Entity Address:			Federal Tax Identification Number	
	Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #			City, State, and Zip Code +4	
7	Nevada Name (DBA):			Business Telephone ()	Fax ()
8	E-mail Address:			Website Address:	
9	Mailing Address:			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	
				City, State, and Zip Code +4	
10	Location(s) of Nevada Business Operations:			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	
				City, State, and Zip Code +4	
11	Location of Business Records:			Street Number, Direction (N, S, E, W) and Name Suite, Unit or Apt #	
				City, State, and Zip Code +4	
12	List All Owners, Partners, Corporate Officers, Managers, Members, etc. (If individual ownership, list only one owner.) Attach Additional Sheets if Needed.				
	Last, First, MI :		Residence Address (Street)		SSN:
	Title		Percent Owned	City, State, Zip +4	Residence Telephone
	Last, First, MI :		Residence Address (Street)		SSN:
	Title		Percent Owned	City, State, Zip +4	Residence Telephone
	Last, First, MI :		Residence Address (Street)		SSN:
	Title		Percent Owned	City, State, Zip +4	Residence Telephone
	Responsible Local Contact (Last, First, MI & Title):		Residence Address (Street), City, State, Zip +4		SSN:
					Residence Telephone
13	Date Business Started in Nevada	Date Business Location Opened	Date First Worker Hired in Nevada	Date of First Nevada Payroll	Amount of First Nevada Payroll
					Number of Employees
14	PLEASE CHECK ALL THAT APPLY TO YOUR BUSINESS				
	<input type="checkbox"/> Mining	<input type="checkbox"/> Domestic	<input type="checkbox"/> Outside Dining	<input type="checkbox"/> Water Appropriation	<input type="checkbox"/> Adult Materials/Activity
	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture	<input type="checkbox"/> Home Occupation	<input type="checkbox"/> Hazardous Material	<input type="checkbox"/> Leased or Leasing Employees
	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Retail Sales—New	<input type="checkbox"/> Construction/Erection	<input type="checkbox"/> Leasing (Other than Employees)
	<input type="checkbox"/> Delivery	<input type="checkbox"/> Transportation	<input type="checkbox"/> Retail Sales—Used	<input type="checkbox"/> Telephone Solicitation	<input type="checkbox"/> Supply/Use Temporary Workers
	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Not for Profit	<input type="checkbox"/> Live Entertainment	<input type="checkbox"/> Environmental Discharge	<input type="checkbox"/> Regulated by Federal/State Permit Number _____
	<input type="checkbox"/> Amusement Machines		<input type="checkbox"/> Resident Agent		<input type="checkbox"/> Financial Institutions
	<input type="checkbox"/> Alcohol		<input type="checkbox"/> Mortgage Brokers		<input type="checkbox"/> Banker
	<input type="checkbox"/> Gaming		<input type="checkbox"/> Health Services		<input type="checkbox"/> Other _____
15	Describe in Detail the Nature of Your Business in Nevada. Include Product Sold, Labor Performed and/or Services Rendered.				
	State the approximate percentage of sales or revenues resulting from each item. Example: Retail sale of major appliances to public 60%; repair 40%.				
16	If You Have Acquired A Nevada Business, Changed Ownership/Business Entity, or Have a New Federal Tax Number, Complete This Section:				
	Date Acquired/Changed:		Acquired/Changed by: <input type="checkbox"/> Purchase <input type="checkbox"/> Lease <input type="checkbox"/> Other		Portion Acquired/Changed: <input type="checkbox"/> In Whole <input type="checkbox"/> In Part
	Name(s) of Previous Owner(s)			Previous Owner(s) Business Name	
	Address (Street)			City	State Zip Code +4
	Enter Your Previous Nevada Sales/Use Tax Permit Number, if applicable:			Enter Previous Owner(s) ESD Account Number:	
17	I CERTIFY THE INFORMATION PROVIDED IS TRUE, CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.				
	**Signatures must be original and that of a responsible party. If a general partnership or joint venture, more than one signature is required.				
	Legal signatures include: sole proprietor-owner, corporate officer, and managing member.				
	**Signature Responsible Party / Original			Print Name And Title	Date
	**Signature Responsible Party / Original			Print Name And Title	Date

CLARK COUNTY BUSINESS LICENSE SUPPLEMENT

1. State law requires you to register your business with the Nevada Department of Taxation or, in some cases, to receive an exemption from their requirements.

Have you satisfied the requirements of the Nevada Department of Taxation? Yes ☐ No ☐

If you answered yes, please go to question 2. NRS 364A requires all business, corporation, or partnerships operating in Nevada to have a state business license. If you have questions concerning business licensing requirements for the State of Nevada please contact the Nevada Department of Taxation at (702) 486-2300 before applying with Clark County Business License.

2. Is this business owned by a legal entity such as a Corporation, Limited Liability Company, Registered Partnership, etc. and not by an individual(s)? Yes ☐ No ☐ If you answered no, go to question 3.

2a. Is this company listed on a stock exchange? Yes ☐ No ☐

2b. Have you filed with the Nevada Secretary of State? Yes ☐ No ☐ The filed name must be listed on the Nevada Business Registration form, line 2. Registered legal entities **must** register with the Nevada Secretary of State, Commercial Filings Division at (702) 486-2880 before a Clark County Business License may be issued.

3. The Federal Welfare Reform Act implemented by the 1997 Nevada Legislature requires that professional and occupational licensing agencies add certain questions regarding child support to all applications.

Please mark the appropriate response - failure to mark one of the questions will result in the denial of your application.

☐ Not subject to a court order for the support of a child

☐ Subject to a court order for the support of one or more children and am in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ Subject to a court order for the support of one or more children and am **NOT** in compliance with the order or am in compliance with a plan approved by the District Attorney or other public agency enforcing the order for the repayment of the amount owed pursuant to the order.

☐ This is a Multiple shareholder corporation; or a Non-profit; or a Multiple member limited liability company; or a Registered partnership, registered with the State of Nevada and are therefore exempt. **Please circle the appropriate type:** Multiple shareholder corporation, Non-profit, Multiple member LLC, or Registered partnership.

4. Will you be using a business name other than the one registered with the Nevada Secretary of State, or if not registered, the business owner's legal name? Yes ☐ No ☐ If you answered no, go to question 5.

4a. Have you filed a Fictitious Firm Name form with the Clark County Clerk's office? Yes ☐ No ☐

The filed name must be listed on the Nevada Business Registration form, line 5. If your business is using a fictitious firm name, you must file a fictitious firm name form with the Clark County Clerk's Office (702) 455-3156 before a Clark County Business License may be issued.

5. Does your business or profession require a state license? Yes ☐ No ☐ If you answer no, go to question 6.

If yes, please provide State License Type (doctor, contractor, etc.):

Professional/State License Number and Classification (must be current and valid):

6. If you are based in a jurisdiction other than Unincorporated Clark County, please provide the name of the jurisdiction (City of Las Vegas, City of Henderson, etc.) and your current valid license number.

Licensing Jurisdiction:

License Number:

7. Are you doing business from your home? Yes ☐ No ☐ If you are doing business from your home you must get approval from Clark County Current Planning for a home occupation. Questions concerning approval should be directed to the Clark County Current Planning Department at (702) 455-4314.

8. Are you sharing space with another business? Yes ☐ No ☐ If yes, please provide the name and address of the business.

Business Name:

Address:

City, State, Zip Code:

9. Please provide your email address (not required):

The mailed in application cannot be processed until all these requirements are complete.

I declare under the penalty of perjury that the requirements listed above - to the best of my knowledge and belief - have been completed.

Signature: _____

Social Security Number: _____

Date: _____

Business Name: _____

CLARK COUNTY FIRE PERMIT SURVEY FORM

PROJECT ADDRESS (BUSINESS LOCATION) _____

PROJECT NAME (BUSINESS NAME) _____ DATE _____

ASSESSOR'S PARCEL NUMBER(S) _____

CONTACT PERSON _____ PHONE # _____

INITIATING AGENCY: (Check Box, Agency Application/Permit #, and Agency Signature Required below)

☐
☐

AIR QUALITY
BUILDING DIVISION

☐
☐

BUSINESS LICENSE
CURRENT PLANNING

☐
☐

FIRE DEPARTMENT
HEALTH DISTRICT

INITIATING AGENCY APPLICATION # or PERMIT # _____

INITIATING AGENCY SIGNATURE _____

CHECK "Yes" or "No" for each item below that your building/business/project includes.

- | | YES | NO | |
|----|--------------------------|--------------------------|-----------------------------------------------------------------|
| 1. | <input type="checkbox"/> | <input type="checkbox"/> | Water supplied by a well or private water system |
| 2. | <input type="checkbox"/> | <input type="checkbox"/> | Propane tank(s) |
| 3. | <input type="checkbox"/> | <input type="checkbox"/> | Aboveground or underground flammable/combustible liquid tank(s) |
| 4. | <input type="checkbox"/> | <input type="checkbox"/> | High-piled storage* (see definition below) |
| 5. | <input type="checkbox"/> | <input type="checkbox"/> | Spray paint booths |
| 6. | <input type="checkbox"/> | <input type="checkbox"/> | Medical Gas Systems |
| 7. | <input type="checkbox"/> | <input type="checkbox"/> | Combustible Dust Producing Operations |
| 8. | <input type="checkbox"/> | <input type="checkbox"/> | Chemicals – Storage, Manufacture, or Use ** |

Fire Dept. Review/Comments Signature is only required for any "Yes" response.

Fire Dept. Review/Comments

Signature Date

- ❖ A "Yes" response to any of the above conditions may require the applicant to obtain a permit from the Clark County Fire Department (CCFD). CONTACT CCFD PLANS CHECK AT (455-7100) IMMEDIATELY for permit requirements.
- ❖ A "Yes" response to conditions #7 and #8 also requires Signature of Building Division below and may require approval of a Special Use Permit through the Current Planning Division.

NOTE: Title 30, Section 30.04.160, provides for the revocation of any land use approval not in compliance with Codes.

PRINT NAME _____ SIGNATURE _____

CIRCLE ONE: Property, Building, or Business Owner ~ Occupant's Legal Representative ~ Responsible Party

ATTENTION: FAX COMPLETED FORM TO CLARK COUNTY FIRE DEPARTMENT AT (702) 735-0775

* High-Piled Storage is storage of combustible materials in closely packed piles or combustible materials on pallets, in racks or on shelves, where the top of storage is greater than 12 feet (3658 mm) in height. High-piled combustible storage also includes certain high-hazard commodities, such as rubber tires, Group A plastics, flammable liquids, idle pallets and similar commodities, where the top of storage is greater than 6 feet in height.

** Refer to the Clark County Fire Department's "Hazardous Materials Systems" Guideline.

For Development Services – Building Division Use Only

Hazardous Occupancy Required? YES _____ NO _____ If YES, then Special Use Permit Required.

Building Division Signature _____

☐
☐
☐

New Construction
Addition
Remodel

☐
☐

PAC Process
Walk-thru

☐
☐

Commercial
Residential

~ DISTRIBUTION ~

CUSTOMER AIR QUALITY MANAGEMENT BUSINESS LICENSE DEPARTMENT FIRE DEPARTMENT HEALTH DISTRICT
DEVELOPMENT SERVICES: BUILDING PLANS EXAMINATION ZONING PLANS CHECK CURRENT PLANNING



Department of Business License
JACQUELINE R. HOLLOWAY
DIRECTOR

500 SOUTH GRAND CENTRAL PKY, 3RD FLOOR
P.O. BOX 551810
LAS VEGAS, NEVADA 89155-1810
(702) 455-4252
(800) 328-4813
FAX (702) 386-2168
http://www.co.clark.nv.us/business_license

LEASE INFORMATION

Tenant:	
Address of Tenant:	
Tenant Contact	Name: Phone: Email:
Landlord:	
Address of Landlord:	
Landlord Contact:	Name: Phone: Email:
Premises:	Address: Square footage:

Under penalty of perjury, I attest that the information contained in this document is true and correct. I also understand that any false, misleading or fraudulent statements with respect to any material fact contained in the business license application and/or supporting documentation may subject me to civil penalties and/or denial of the business license application pursuant to CCC6.04.09(b) & CCC6.04.140.

Business License Applicant / Tenant

Date